

# BAXTER HEALTH | Scholarship Agreement

Upon accepting this Baxter Health Scholarship, I agree to the following:

A) The information I have provided is complete and accurate and may be relied upon by the Scholarship Committee.

B) I will notify the Scholarship Coordinator immediately of any material change in any such information occurring after the date of submission of this statement.

C) Baxter Health Employment: I understand and agree that if I successfully complete the education program I have entered, I will be required to obtain a temporary license to practice as soon after graduation as possible and obtain a date to take the State Nursing Board examination, if applicable. I will apply for employment at Baxter Health or one of its subsidiaries, if not already employed.

D) Work Commitment Agreement: I understand that if Baxter Health chooses to hire me or if already employed at Baxter Health, in order to avoid any repayment of the Scholarship, I must work for Baxter Health for a minimum 60 hours per pay period; 6 months for every \$5,000 scholarship money I received. I understand that my obligation of time worked will begin after I complete my degree for which I am receiving education assistance and I am working in a position that is directly related to the degree I have received. I understand that my acceptance of this scholarship and my agreement to work at Baxter Health does not guarantee me a specific department or shift. If for any reason my employment at Baxter Health should terminate, either by myself or by the hospital prior to my meeting the above obligation, I agree to repay Baxter Health all education assistance received. I authorize Baxter Health to deduct any scholarship money I should owe because I failed to meet the employee responsibility on this agreement from my paychecks. I understand that if my net check does not cover the amount owed, it will be my responsibility to repay the balance, (Baxter Health Employee Education Assistance, RN/BSN, Austino, and Anderson Downes). I also understand that Baxter Health will bill me directly if I fail to meet the required criteria for eligibility and the amount owed may be referred to a third party collection agency and/or other legal action as applicable by Arkansas statutes.

E) I understand that Baxter Health is under no obligation to hire me, and if Baxter Health chooses not to hire me I will not be required to pay back any money to the program.

F) Scholarship Repayment: I understand that if I am awarded the scholarship and take prerequisite classes for the program for which I have received the scholarship, and I do not get accepted into the program for any reason, I will immediately notify Baxter Health. I understand that I will be required to pay back all money I have received from the scholarship fund.

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G) Retirement Exception: If I have been employed at Baxter Health for a minimum of fifteen (15) years, five (5) of which occurred after completion of my highest advanced degree for which I received a scholarship from Baxter Health, and I retire from Baxter Health at the federal retirement age guideline as an employee in good standing, my commitment will be considered fulfilled. This exception does not include early retirement.

H) GPA: I will maintain the required grade level for the program in which I am enrolled. I understand that if my grades fall below the required level for the program or I do not complete the education program for any reason, I will be required to pay back any money I have received from the scholarship fund.

I) Scholarship Renewal: I must submit the scholarship renewal form along with a copy of my transcripts at the end of every semester, in order to continue receiving the scholarship. If I do not complete the program for any reason or within three years for AASN and 5 years for BSN, you must repay all money received. Within a month of completion of your selected program, a copy of your certificate of completion or diploma must be received.